

HOUSE BILL 213 – TESTIMONY OF THE MONTANA NURSES ASSOCIATION
House Business and Labor Committee – January 16, 2007

"An Act Providing for Remedies for Hostile Work Environments ..."
Introduced by Representative J. Windy Boy

Mr. Chairman, members of the Committee, for the record my name is Don Judge and I'm here today on behalf of the Montana Nurses Association in support of House Bill 213.

As you are aware, women constitute, by far, the largest number of employees involved in nursing throughout the country, and here in Montana. As such, workplace safety is not just a consideration of the employment relationship with their employers, coworkers, patients and others, but it is compounded by their gender.

The level of physical, psychological and sexual abuse and intimidation in health care settings is alarming. The need for the violence prevention is well documented with research supporting that violence in health care settings is increasing and "may affect more than half of all workers" in the world's health systems.(DiMartino 2002)

In 1998, OSHA reported assaults to workers in healthcare and social service industries were greater than any other industry. The Bureau of Labor Statistics reports an incident rate of 9.3 for health service workers from assaults or violent acts compared to a private sector rate of 2. The Bureau of Labor Statistics only includes fatal assaults and non-fatal assaults when injuries result in lost time from work. *Psychological violence is not reportable yet it is insidious and pervasive in the health care setting. The emerging studies on workplace safety are confirming that psychological violence is an even greater problem than physical assaults in the workplace.*

- In 2002 and 2004 National Survey of RNs, 28% of nurses reported personally experiencing violence in the past year. This is a serious number especially when considered in light of additional studies that indicate 80% of assaults on RNs are not reported. According to OSHA "Incidents of violence are likely to be underreported, perhaps due in part to the persistent perception within the health care industry that assaults are part of the job".
- The challenge for health care workers in rural and remote settings to address workplace violence and secure a healthy work environment is made additionally difficult by factors such as isolation, lack of anonymity, lack of replacement staff, lack of privacy, and inadequate communication systems.
- Non-physical behaviors like bullying can be obscured and discounted; yet, the impact of threats and verbal abuse are profound and contribute to decreased productivity and psychological responses, including emotional distress and anxiety. The victimized worker experiences the aftermath of abuse as do clients, colleagues, family and friends.
- "The pressures on victims to remain silent are great. Traditionally, many cultures have covertly accepted physical violence, sexual harassment or verbal abuse against women. Also, nurses often passively accept abuse and violence as "part of the job"--an attitude sometimes shared by the public and judiciary. This has all led to underreporting and hampered the development of effective anti-violent strategies." (The International Council of Nurses 2000)
- The effects of workplace violence are observed on individual workers and their families and friends, organizations and business, government agencies, and the community at-large. The costs of violence and stress in the workplace are estimated to be 1% to 3.5% of the gross domestic product. (Hoel, Sparks and Cooper, 2001)
- "Workplace violence affects the dignity of millions of people worldwide. It is a major source of inequality, discrimination, stigmatization and conflict at the workplace. Increasingly, it is becoming a central human rights issue. At the same time, workplace violence is increasingly appearing as a serious, sometimes lethal threat to the efficiency and success of organizations. Violence causes immediate and often long-term disruption to interpersonal relationships, the organization of work and the overall working environment." (ILO/ICN/WHO/PSI, 2002)

- The level of violence in health care "for those who deliver care and those who seek care constitutes an epidemic public health concern" (Kingma 2001, Hesketh 2003). The consequences of violence impacts heavily on the delivery of health services, the quality of health services, the decision of health care workers to leave their place of employment, increased cost of health care services, and the ability to recruit into professions.

In 2006, the Montana Nurses' Association, in partnership with the Montana Laborers AG Training Program, secured a Susan Harwood grant from the US Department of Labor to develop training materials to address the needs of rural health care businesses and their employees related to the prevention of workplace violence. The results of that partnership are currently being reviewed by the Occupational Safety and Health Administration and should be ready for publication soon. It will be a step in the process of confronting the problem of workplace violence in rural health care, but only a step. House Bill 213 is another important step and we urge you to give it a "do pass" recommendation. Thank you.

Don Judge